# ATTACHMENT PART 1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each control
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PREVIOUS EDITION 16 USABLE AUTHORIZED FOR LOCAL REPRODUCTION MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) DATE inmate request for triage services Instructions for inmate: Write name, number, unit, and work assignment at bottom of page. COMPLETE ITEMS 1-6. 2. HISTORY OF MEDICAL PROBLEMS? (CHECK) (\_\_) DIABETES \_) HYPERTENSION (\_\_) CARDIAC DISEASE (\_) IMMUNOCOMPROMISED ASTHMA HISTORY OF MENTAL HEALTH PROBLEMS? NO 4. HOW LONG HAVE YOU HAD THIS PROBLEM? DAYS 5. ARE YOU ON ANY MEDICATION(S)7 (X) Yes ) No. If yes, list names of medications. (DO NOT WRITE BELOW THIS LINE) / TO BE COMPLETED BY TRIAGE PERSONNEL O: V/S (IF INDICATED) B/P: P: APPOINTMENT DATE/TIME: TRIAGE PERSONNEL / PRIMARY CARE PROVIDER SIGNATURENAME STAMP: **Pana**guiton SPITAL OR MEDICAL FACILITY STATUS DEPART./SERVICE DNSOR'S NAME ESNAD NO. RELATIONSHIP TO SPONSOR NENT'S IDENTIFICATION: (For typed or written entries, give: Neme - lest, first, middle; ID No or SSN; Sex; Date of Birth; Renk/Grade.) WARD NO. Health Services Unit CHRONOLOGICAL RECORD OF MEDICAL CARE **FCC Petersburg. Virginia** Medical Record STANDARD FORM 600 (REV. 8-87) Ward Myron 05967-084 FIRMA (41 CFA) 201-9,202-1

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DEPART./SERVICE

RELATIONSHIP TO SPONS

TRIAGE PERSONNEL / PRIMARY CARE PROVIDER SIGNATURE/NAME STAMP:

STATUS

SSN/ID NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) Ward, Myron 05967-084

HOSPITAL OR MEDICAL FACILITY

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CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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Health Services Unit-LOW FCC Petersburg, Virginia

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

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Ward, Myes 05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

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Ward myron 05767-084

**CHRONOLOGICAL RECORD OF MEDICAL CARE** Medical Record

Cas	e 1:04-cv-00011-SJM-SPB Document 46-6 Filed 02/15/2006 Page 16 of 40
DATE	A SYMPTOMS DIAGNOSIS TREATMENT TREATME COOPER
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OSPITAL OR MEDICAL FA	1
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ATIENT'S IDENTIFICATION	: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. WARD NO. Date of Birth; Rank/Grade.)
More A	el. nuch

Mouel, mys 05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

**Medical Record** 

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign e	ach entry)
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	HEALTH REC	ORD	CHRONOLOGICAL RECORD OF ALL	00-1
	DATE		CHRONOLOGICAL RECORD OF MEDICAL CARE SYMPTOMS DIAGNOSIS TREATMENT	
	10-24-03	P	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	1519	- 1	ransferred from McKean - no physical	
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mpr	ENT'S IDENTIFICAT	TION	se this space for Mechanical RECORDS MAINTAINED CONTROLL.	
			PATIENT'S NAME (Last, First, Middle Initial)  FCC SEX	
			RELATIONSHIP TO SPONSOR TATUS RANK/GRAD	
	Health Servic	es Uni	nit-Low	
	FCC Petersbi	urg, Vii	Irginia	•
			DEPART, SERVICE SSN/IDENTIFICATION NO. DATE OF	

MEDICAL REC	CORD		CHRONOL	OGICAL RECOR	AL	THORIZED FOR LOCAL REPRODUCTI
DATE		SYMPTOMS	, DIAGNOSIS, TRE	OGICAL RECOR	D OF MEDICA	ATION(Sign each entry)
10/24/03	•		PECEIVED AT THE	ATTIMENT, TREAT	ING ORGANIZA	TION(Sign each entry)
1:05 m			RECEIVED AT FCC F	ETERSBURG LOW,	, VIRGINIA	
1.05/11)	Intake	screening completed	<u>d</u>			
<del>-</del>	Presen	t Medical Compliants	S	Yes No		
	If yes	pecify Hy of	Episclerius, H	emmhorids		
—	Place in		Chronic care cl	1.1		
	PPD sta	2/12/03 itus: 01/0m/m	3		·	
			If positive, date of la	st chest X-ray:	<u> </u>	
<u> </u>		tions Allergies:		Yes No	)	
<del></del>	If yes sp					
	Current	Medications: NO	NE			
	If yes, s	ecify medications is	sued or prescribed:			
		· · · · · · · · · · · · · · · · · · ·				
	Sick call	and pill line procedur			<u> </u>	
				Yes)	No No	
i	•	have thoughts of har	ming yourself	Yes	(No_)	
	Referral t	o pschycology		Yes	(No	
	Have you	tested positive for HI	IV?	Yes	No	
	Do you ha	ye Hepatitis B?		Yes	No	
H	lave you	ome in contact with	anyone with hepatitis B	? Yes	No	
ĺ		f scabies or lice?				
		d information on a liv		Yes	(No)	
<b>[</b>				Yes	No No	<u> </u>
D	o you nee	d information on adv	ance directives?	Yes	(No)	A
TAL OR MEDICAL FAC	CILITY		STATUS			arly IN/F Baix
Petersburg Low, Virg				DEPART./SERVIO	CE	RECORDS MAINTAINED AT
		•	SSN/ID NO.	RELATIONSHIP T	TO SPONSOR	F. Bailey, RN, PHS
NT'S IDENTIFICATION:	(For type Date of Bir	d or written entries, give th; Rank/Grade.)	e: Name - last, first, midd	e; ID No or SSN; Sex;	REGISTER NO.	WARD NO.
/				·	<u> </u>	
W	MM,	Myron -084		CHRON		ORD OF MEDICAL CARE
05	961	-084		STA	ANDARD FORM	Record
		1		Preso	cribed by GSA/ICMR MR (41 CFR) 201-9.2	

Health Services Unit-Low FCC Petersburg, Virginia

HEALTH RECORD	$\int_{1}^{1}$	CHRONOLO	GICAL RECORD OF MEDICAL CAR	E	
DATE	SYMPTOMS		MENT, TREATING ORGANIZATION		<i>'</i> )
10/2/03	Medical intake screening				
1730	History of medication all	ergies: (NO) YES			
-	History of suicidal ideat	ion No YES	-	-	
,, , , , , , , , , , , , , , , , , , ,	Referred to Psychology: N	YES _			
	Lice/Scabies inspection of	ompleted: YES			
	History of infectious dis	ease: TB, HIV or	Hepatitis: (NO) Yes	.,,	
	History of contact with a	HBV person: (0)	YES		
	PPD given: (NO) YES 2	eloz Donn			,
<u> </u>	Labs requested: NOWE	CBC RPR UA			
1	Patient with living will:	NO YES			
	Do you need information o	n Advanced Directi	ves:(NO) YES		7290
	Sick-call, Pill-line and (	Callout procedures	explained: NO (YES)	<u> </u>	
l	Chronic care clinic referra	als: B hen	Nhinds		
. [		<del>* 1011</del>	o qui vo	7	
í l	Current medical complaints	# <i>(</i> )			
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	Current medications:			,	
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NT'S IDENTIFICAT	ION (Use this space for	RECORDS			uccop) Hersburg, PEM
nical Imprint)		MAINTAINED >	FCC PETERSBURG, PEM		CONTRACTOR OF THE PROPERTY OF
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			VSOR STATUS	•	RANK/GRADE
			<u> </u>	ORGANIZA	TION
WARD	NY 2011	7 094			
B/M/O/0 HT/509		7-084 EY/BN	4/IDENTIFICATION NO.		DATE OF BIRTH
CUSTODY	FCC fem		OR MEDICAL CARE	STANDARD FORM Prescribed by FIRMR (41 CFR	

# BP-A659.060 MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT

## U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TB Clearance  1. PPD Complete  Results: 0	d:	02/12/03 Date		Name Ward, My Departed From	ron D	Prisoner/Alien Reg.# 05967-084 Pate Departed	D.O.B. 07/07/70
2. CXR Complete	d: Date	· 		FDC PHILAD	ELPHIA		0/22/03
Results:  3. Health Authority	*	2427000		Dist. Name	Di	Non Medical	Date in Custody
D. Rice Sign  Date listed above rethis transfer.	Date Note:	10/2	1/03	Current 1.  Medical 2.  Problems 3.	Care Level !	4. 5. 6.	
Medication	Dose	Route	Madic	Instructions For cation Required For Car		per time for administe	oring) Stop
Additional Comme		RECAUTI					
ransportation	D L				I		
prisoner medical					Yes _	No If no, why no	1?
prisoner medical		*		· · · · · · · · · · · · · · · · · · ·	Yes _	No If no. why not	:?
die to destination	<u> </u>		<u> </u>	t at another facility en	X Yes	No If no, why not	?
there any medica isoner can be in t	ravel stat	us:			Yes 🔀	No If ves. state re	eason
atus ?				ent while in transport	Yes 🔀	No If ves. what e	quipment?
gn and Print Nam	e - Certify	/ing Hea	ith Au	, , , , , , ,	Phone Nu Rice (2	mber 215) 521-4000	Date Signed 10/21/03

BP-A659.060
MAY 99
MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT

### U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TB Clearance	Yes_	X No		Name	Priso	ner/Alien Reg.# D	0.O.B.
1. PPD Completed	d:	02/12/03 Date		Ward, Myre		05967-084	07/07/70
Results: 0	mm			Departed From FDC PHILADEI	Date	Departed 10/2	2/03
2. CXR Completed	d: Date	<del></del>		Destination	Reaso	on for Transfer	
Results:	Date			PET		Non Medical	7
3. Health Authority				Dist. Name	Dist.	#	Date in Custody
Clearance: 0	K FOR TE			<del></del>	· · · · · · · · · · · · · · · · · · ·		
D. Rice	Date	10/2	1/03	Current 1.	Care Level 1	4.	
_	Note:			Medical 2	Care Ecver 1		
Date listed above na this transfer.	nust be wi	thin one ye	ear of	Problems 3.		6.	
Medication	Dose	Route			loo (Include mana	<del></del>	
Modication			Madi			time for administeri	ng) Stop
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Additional Comme	∍nts			· · · · · · · · · · · · · · · · · · ·			
BLOOD AND BODY	Y FLUID P	RECAUT	IONS				
ransportation							:
s prisoner medica	illy able t	o travel b	y BU	IS, VAN or CAR?	X Yes _	No If no, why not	?
s prisoner medica	illy able to	o travel b	y airp	ріапе?	Yes !	No If no. why not	?
s prisoner medica	lly able ton?	o stay ov	ernigi	ht at another facility en	Yes I	No If no, why not	?
there any medic risoner can be in	al reasor travel sta	n for resti atus:	ricting	the length of time	Yes X	No If ves. state re	ason
oes prisoner requ tatus?	uire any r	nedical e	quipn	nent while in transport	Yes X	No If ves. what ed	ulipment?
ign and Print Nar	ne - Cert	ifying He	alth A		Phone Numb	Der ) 521-4000	Date Signed 10/21/03

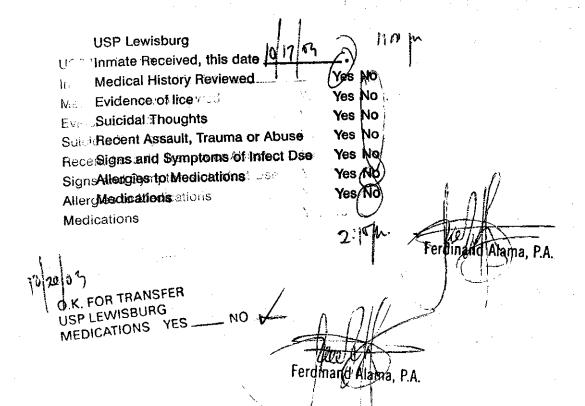
Case 1:04-cv-00011-SJM-SPB Document 46-6 Filed 02/15/2006 Page 24 of 40 BP-S059.60 MEDICAL SUMMAR. FEDERAL PRISONER/ALIEN RANSTT CORP. FEDERAL PRISONER/ALIEN RANSIT CDFRM

MAY 99

U.S. DEPT TMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearanc	e ves V	No	NomA					
1. PPD Complet	ted: 2-		Mard Mus	<b>A</b>	Prisone Reg)#4	r/Alien 67-089	12/12 120	2
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2. CXR Complet	ed:		Myla	$\overline{}$		0-17.03		
Results:			Destination		Reason	for Transfer	nedicio O	
3. Health Auth	ority		Dist. Name		Dist.#	on 11	- tartag	
Clearance:	OK				D15ξ.π		Date in Cus	tody
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	Note:		Medical 2.	Lon	ad,	4 5.		-
Dates listed all one year of the	bove must be	e within	Problems 3.			6.		<del>-</del>
Medication	Dose R	oute	Instructions For Use	(Include	Proper	time for a		· -
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pecial Needs				1-,-	<del></del>			
or CAR?	edically	able t	o travel by BUS, VAN	Yes	No	If no, why	not?	
Is prisoner m airplane?	edically	able t	o travel by	Yes	No	If no, why	not?	
Is prisoner manother facil	edically ity en ro	able to	o stay overnight at destination?	Yes	No	If no, why	not?	
tengen of time	e prisone:	r can i	for restricting the pe in travel status?	Yes	Z No	If yes, sta	ite reason	
oes prisoner hile in trans	require a sport stat	ny med	dical equipment	Yes	No	If yes, wha	at equipment?	
ign and Oksell ne	lectome 2	Certify	ving Health Authority	Phon	e Number	D	ate Signed	
cord copy - Trans							~ <del>~~~</del>	



Clipical Nurse

W. Coyner, RN

Clipical Nurse

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OFF FOR TRANSFER.

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(for	typed or written entries : Date of Birth; Rank/Gro	, give: Name-last, fl	rst, middle: ID No	or SSN; REGISTE	R NO.	Jw	ARD NO.

Medical Record STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR FIRMR (41 CFR) 20-9.202-1

Case 1:04-cv-00011-SJM-SPB Document 46-6 Filed 02/15/2006 Page 27 of 40
BP-S659.60 MEDICAL SUMMARY F FEDERAL PRISONER/ALIEN TRANSIT CDFRM MAY 99

### U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Replaces RP-SA

TB Clearance	ed:	/No -/Z.03	Name	d My	ion	Prisoner Re	7/Alien 67-084	19:13 17C	)
Results	XO mm		Depart	MERIC	2	Date Der	11-12.02		
2. CXR Complete		Ee	Destin	nation +		Reason (	for Transfer	udii O	
3. Health Autho	OL		Dist.	Name		Dist.#		Date in Cus	tody
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Medication	Dose	Route	Instructio	ons For Use	e (Includ	e proper	time for adm	ninistering)	Stop
<u></u>			Medication	Required	For Care	En Route	•	<u> </u>	
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Additional Co	mments	- Blood	and Body F	fluid Preca	autions				
pecial Needs A	Affecti	ing Tran	sportation			<del></del>			
Is prisoner me or CAR?	edicall	y able	to travel b	y BUS, VAN	V Yes	No	If no, why	not?	
Is prisoner me airplane?	edicall	y able t	to travel b	У	Yes	No	If no, why	not?	
s prisoner me another facili	edicall ty en	y able to	to stay ove o destinatio	rnight at on?	Yes	No	If no, why	not?	
s there any mends.ength of time	edical priso	reason ner can	for restriction to the in trave	cting the el status?	Yes	No	If yes, sta	te reason	
oes prisoner hile in trans	requir port s	e any me tatus?	edical equip	oment	Yes	No	If yes, wha	t ec	e ·
ign and Print	Name	Certif	ying Health	Authorit	y Phor	e Number	Die	**************************************	
cord copy - Trans	porting	Officer:	Copy - Health	Record (Top	page Positi	on one). C			

This form may be replicated via WP) SIMILAR TO (USM 553)

RECEIVED AT FDC PHILADELPHIA
BP-149 REVIEWED
NO MAJOR MEDICAL COMPLAINT
WILL CONTINUE ABOVE RECOMMENDATIONS

HOLDOVER OfaseNIC.

NSN 7540-00-534-4176

EDICAL RECO	ORD	CHRONOLOGICAL RECORD OF MEDICAL CARE									
DATE	SYMPTOMS, DIAGNOSIS, THEATMENT TREATING PROGNIZATION (Sign each entry)										
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AL OR MEDICAL FA	CILITY	STATUS	DEPART./SE	RVICE	RECORDS MAINTAINED AT						
DR'S NAME		SSN/ID NO.			FCI McKean						
or o iwaitite		BONNE NO.	RELATIONS	HIP TO SPONSOR							

Ward, Myson

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/5/03	@ % itehing in both eyes, interentent, exp in evenings + upon arrang x 2 roads. "Steepers" in side of upon Oscient Mx opisclents. These symptoms are different."
0730	ansing x 2 waks. "Steepers" in side of uper.
	Oct of Nasulta it has happed & nasul sovened.
	(a) NAD T=97.1°F
	O NAD T=97.1°F  /#EENT: @ lazy eye, right side
	Conjunctiva - pink nelera - white Tribinales: pale + 3.5/4 bilal
	Della Turbinales: yale + 3.5/4 bilal
	D allergy eyes; Rhinitis
	@ *1. Yaso Clear 1-2 deops OU QID prn #1 NR.  2. I'M Ed: Lise of drops.  3. I'M understands To plan. RTC prn.  *4. Nasalide 2 spays each nostril  Bib. #1 Rx1 Steven Labrozzi, PA-C
	2. Im Ed: we of drope.
	3. In understands To plan. RTC pra.
	Reviewed By (Dage)
	Reviewed By (Man),
	V. Geza, Pharmi
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NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) DATE 7-3-05 more is soil a 16 55 a work BONNIE SAYLOR, CN-P CERTIFIED NURSE PRACEITIONER Modical J-491 MSO HOSPITAL OR MEDICAL FACILITY STATUS DEPART./SERVICE RECORDS MAINTAINED AT FCI McKean SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Ward, Myon

REGISTER NO. WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

DATE	
6/11/03	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Innate Recid 6 pg. Medical Ecords Oldery # 17
1238	T. Petruzzi, HIT
6/11/03	L Down WA
1100	( See Dr Homand consult)
<u> </u>	e ships alo do stop in a roll on
	7 get OD TID x3 dap =
	T gm 00 B10 x 3 days =>
***	Jan OD HS X) days
	Salut Flu uppt
	Reviewed By Chamb.
	V. Geza, Pharma
	D. Olson, MD
	Clinical Director
6-17-10	S' To "Chrisic Sinus priblem." " nose is always stiffy and
080	sne. Seeks ty. Requests stifed States coldpille duit und
	they only make me sleeping."
	OINAD T= 984. Eyes+ens! clan, My intact, nose! Estathma
	OINPD T= 984. Eyes+ens: clar, tM's intact, nose: Estythena Aphinocher R7L. Tender to true as notes naves; O/p: mmis prihat
	most Nech : Supple Stoleng thy
	D'. allergie shinits
	p: I/m to take CTM's as prescribed oruse mossel spring, RtC
	p: I/M to take CTM'S as prescribed oruse masse spring, KtC p completion of Pred Fite Ky Fr Fly. pt education re; warm
	Steam mist & Shower + hot ten to bresh up ingestion, I flinds. Rte
-	par [M understands. A Jugen UP. C
	U
	CERTIFIED NURSE PROCESSIONER
	CERTIFIED NURSE PRACTITIONER BONNIE SAYLOR PRACTITIONER

MEDICAL RECOR	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/30/03	
1125	C/o urrobated red right eye x / day. started last right to Foreign Budy Sensation. Reldered eye moded boday.
	Works in high dust area (UNICOR) NO PAIN.
Ø	HEENT: slight erzilema of bulban conjunctivas  @ atrusions seen upon fluoroscen staining.
	A dorasions seen upon fluoroscein staining.
@	K. Conjunctions.
0	2. Hentamicin Ophthalmic Drys 2 drops DD QID # / NR. 2. IM Ed: Conjunctions, Hand washing Has of sels.  3. IM understands To plan. RTC pile.  Steven I abrozzi PA-C
	3. Im Ed: Conjunctions, Hand washing Has of Acho.
	Geza, PharmD Physician Assistant
6/2/03	Ringte Reca 3pp. Medica Record Sletting HIT T. Petruzzi, HIT
0730	T. Petruzzi, Hil
6-5-03 S	"Clo Reddness in the lige & pressure and "Slight headache on that ite" Denies puin, itching, Denie bliving, Din nin, Edisching
0115	ile." Denies puin, tithing, Denie blurines, Die nien, Edischer
0	! NAD! OSI WNC. OB! T mied injeten of conjunctions.
A	· Conquiretintes - (R) erg
ì	Continue med as prescribed, were compresses pre, - Consult & Dr. Ulan
ľ	
eı	- Conside a optimation. Pt. education: Juguest hand washing, and represent, avoid troubing eyes KTC immediately if I in vision or
•	notion a pien. Pt understand. 1. July NPC
HOSPITAL OR MEDICAL FACIL	THE SUBJECT OF THE SU
SPONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION:	(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO

Ward, Myron 03967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TR	EATING ORGANIZATION(Sign each entry)
51-B	0. 300	using alst of Assemble. A
1100	have a cough a night. The men	tentos en dos unas
	Publin x 6 mrs. " getting progress	whole more
	O: temp 9x3, Eyps ens: clen tr	
	appearence, tender to pelpoten in	hontel must are monitor to
	phinarhow hile Oly: mus pris ymos	Medel send Taling the
	1: Junista c pND	South 2 par iles il
	Pl Ammicella, swamy, + tob po tio	wilde Howar
	- Hzú -sakt grufes rib. Nam co	17 x 17 mp + 28 8 x.
	x 14 days & flag prod pt waterst	fusies to pre 1/D. RIC
1/0	sk mase spray-causes burns.	Ms Baylored F.C
1 Carp		BONNIE SAYLOR, NP
✓ Otte Ge	za, PhermD. RPh	FCI MCKEAN
Chie	Pharmacist	
5-29.03	S: C/o Congestion and swelling in	now Cit houther at
0848	a mostril, at might "Both are closes	d" Problem come last P. T
	Reguests rely also to cough or	with.
	D'. NAD. T: 97. EMT: C Dinter	ne simpote. A 11
	D: R/o cilerry & compete . comp compone	nts pour of mares me 27 h
	?! ackfed + tab pr b, 0. # 15	KK 11+ of 11 a not - con
	ot. education re: post wood drip, R.	to had pt did to to a se
1	5/29/03 Reviewed By: U.Sa Phans	ic prob. It. whom most is suff
	V. Geza, PharmD	BONNIE SAYLOR, MP
		FCIMCKEAN
		•
ļ		

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL REG	CORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE		SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/28/03	(D) 11	
0600	(D) A	M requests more Debacaine for Remorrhoids  Oeferred \ see problem lest, see "15 5/3/02 '750/0, etc.
	0	1. Defectaine 14. Orelinent apply AA 24 times daily gen, 41 Rx1 2. Fle per via SIC
		Lating
4/14/03	(3) 4/z	Steven Labrozzi, PA-C
0800	1	Physician Assistant
	a	congessor who in you outsile,
		- an ongoing prisem for 6-7 months.
		NAD T= 98.3°
		the second of th
		This pearly gray  Turbinates + 3.5/4 bilat edenatown englandows  Oropharyny: 5 exidates
		Oropharyny: 5 are Lake
		NECK: 2 palpible lymph modes LICM no actinon certifical chain.
	A) #	Chinits
		Dry Nasal Mulosu
	69	1. CIM Hing Tpo TID pin nesal symptoms. #21 Rx5
		2. Saline Nagal Spray & sprays each mostril QID +pin. #1 Rx3
4/14/03		3. IM Fed! we of medo. Im understands or plan.
U.G. i Pham.		
-Wolette Gen	ৰ্ব, Phar	Physician Assistant
Chief _	Husana	icist
·		
	ļ	
OSPITAL OR MEDICAL	FACILITY	STATUS DEPART./SERVICE RECORDS MAINTAINED AT
PONSOR'S NAME		SSN/ID NO. RELATIONSHIP TO SPONSOR
A TIPA ITIE 15 - 1 - 1 - 1 - 1		
ATIENT'S IDENTIFICAT	ION: (For t Date o	typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  REGISTER NO.  WARD NO.

Ward, Myro~ 05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/23/02	3) 40 "rash all over back & the medication given
1450	doesn't seem to be working ." rack x > lyear.
	used to det, but no longer deles when Lake wer / prince
	use of sledey) Selsun "And not work"
<del></del>	(0) Derythama Dedema Destons Opustule Posterior  (1) Derythama Dedema Destons Opustule Posterior  (1) Derythama Dedema Destons Opustule Posterior
<del> </del>	Depopulation on posterior terso
	Chypopegnentation on artenor torse (23 mobile to
· · · · · · · · · · · · · · · · · · ·	quartel seger lesson).
	A) Posenor Torso (Site of Im's complaint): Normal skin
w.y	Anterior torso: Timen Versicolor
	(B) No further treatment needed of posterior torso
<del> </del>	2) Keep arterior torso under surveillana. If lessons
	Torif Sx develop, Rrc via SK.
	3) IM understands
	L Labrage
	Reviewed by D. Olson, MD
	Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2/13/_	Go feet acting & 6 months. Cramping. PAID & Fremoval of BOP books +
2/13/	PAIN: Soleness/Cramping + 7 or +8/10 p foot massage.  Constant, but wayes + wanes.
1005	PAIN 1 & welking, being in Books, standing.
	Left Foot Pain > light Pain
Z. O	
20. +-	Feet: Ollswas, Ocrethen Oberderaen to palpation of arches Winderson to palp bace of left 5th for.
Ca PharmD.	Foot Pain (20 Bods)
20 P P P O	1. Ibupiofen 400 mg Tpo QID pin foot pain 430 Rx3
1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a, men supports
Violette Ci	3. In understand the flow
>	الملك Steven Labrozzi, PA-C Physician Assistant

NSN 7540-00-634-4176 **AUTHORIZED FOR LOCAL REPRODUCTION** CHRONOLOGICAL RECORD OF MEDICAL CARE **MEDICAL RECORD** DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) 12 Reviewed by D. Olson, MD **GRACIA FAIRBANKS** Physician Assistant error-st- 11/2-12-20-01 10-12-01 1700 #1 Rx1 Steven Labrozzi, PA-C Physician Assistant Vlolette Geza, PharmD. RPh Chief Pharmacist HOSPITAL OR MEDICAL FACILITY STATUS DEPART./SERVICE RECORDS MAINTAINED AT Dan SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO SPONSOR

Wind, Myron 05967-084

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

WARD NO.

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9,202-1

REGISTER NO.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2v Dav	(cont.) Restally 5 ca b.M. H7. Kx1, Metamoil, rtbsp. in 8 nones on 40 9 pm. #1,
1140	Pt. Edwertin: brief movements. It as noteded a When bleeding for a hornation.
	Lab. CBC. Pt. Understands. Bomai South NP
	PONNIE SAYLOR, NP
	Sale Sale Sale Sale Sale Sale Sale Sale
· · · · · · · · · · · · · · · · · · ·	Date: \ J
1, World	a Si Chrushin buck 1 year " It the sunstimes" I mild like some course
12.17	O: NDD Diffuse hyperprignented each across back.
· · · · · · · · · · · · · · · · · · ·	A) the versarda
	p. Micmayole #1, apply to AA'S bid RXZ. Pt. education re: phin core.
	Ptc ned Pt understands - 1 15 community on the
,	Rtc prv. Pt. understando
	Henland D. Olsou' WD BONNIE SAAFOL' NE
	Jaile V C C C
2,110	C. Cla continued scape a look = con + 11: 01 a
<u> </u>	S: To continued pash on back-clean not helping. also reguests
0 600	
	0: NAD. Hype prignated rest across upper a mil back. Pertal deferred.
<u> </u>	P. M. a. d. d. d.
	A: time : h/o humanhanh  P: Murcelet #1, apply to AA bio. (RXZ.  Dibucine vintment #1, apply # \$ \$ \$ \$ \$ \$ BM RX3  HC Supp #10, insert \$ \$ \$ painful BM, KX1. Pt education 11.  Thin care Rtc pan. Pt understands, A Suylor Nt
	Nibruchune Untiment F1, apply A & F & BM Rx3
<del> </del>	HCompp #10 insert & g painful BM, Kx1. Preducation re?
	Skin Care Rtc par. Pt understands. Duylor Nt
	BONNIE SAYLOR, NP FCI MCKEAN
	Take SAD CORNEL BY D. CORNEL BY
	- 23/1
·	
	<u> </u>

		···			AUTH	ORIZED FOR LOCA	AL REPRODUCTION
MEDICAL REC	ORD		CHRONO	LOGICAL RECORD			
DATE		SYMPTOM	IS, DIAGNOSIS, TR	EATMENT TREATING	ORGANIZATION	(Sign each en	try)
10/23/01	18	i clos	Reneral	in mid	sack it	rom A	Lina
1325		Bull.	mrs a	lso do.	dash o	n had	2 a Chast
	0	: (1) ten	derress 1	nid had	ONDAL	$\frac{1}{1}$	Idena
		ery HR	ema, cla	Lahymasi.		4 00	
		Kupley	pignente	-1 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	hes Na	led on
		Balle	12 mid	Charl			,
· · · · · · · · · · · · · · · · · · ·	0	Tinea	bersich	he Mus	sulstr	au 1	nd bac
	H;	Jalli	W 500;	OG# DM	ti 08	he Pri	nxor
——————————————————————————————————————		Soller	un Sul	ade lot	OL# (	Joly	leane
,	"	Or 10	mir 4	unde y	KIR.	Uso	unelle
	1 4	Tiduc	· lake	use made	ra as	dued	ed. RAC
****	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Drn. A	Tardus	Hards	-M	. 6	)
· · · · · · · · · · · · · · · · · · ·	ļ	<u>,                                      </u>	0.00	That	ua Han	Denl	3 Pa
			OLDAD. Olson, In.	Gra	<u>icia Fairbanks, MLI</u>	P	
	ļ	Review	Meli pho Oleou Mo				
<u> </u>							
20 046.01	3:	C/o bleeding	y hemorrhide.	Your he will	gt scale -	ell anemia	frm
1140	bleeden	ing so much	" Pt. States the	homorhind only	come out ap	right?	
	0: N	DD. No evid	lone of external	homorhad only	ontido ripable	or pilgable	L. M
	ı	e of bleeding					
	A: Ner	montride?					
	P: Dil	menine, #1,	aresty to AA P	G BM K Hydration	a acetate, 25%	mig Inser	ti suppr (cont
OSPITAL OR MEDICAL I	FACILITY		STATUS	DEPART./SER	VICE	RECORDS MAI	NTAINED AT
PONSOR'S NAME		·	SSN/ID NO.	RELATIONSHI	IP TO SPONSOR		FCI McKean
ATIENT'S IDENTIFICATION	ON: (For t) Date of	yped or written entrie Birth; Rank/Grade.)	es, give: Name - last, first	, middle; ID No or SSN; Sex	REGISTER NO.		WARD NO.

Word, Mutron 05967F084 CHRONOLOGICAL RECORD OF MEDICAL CARE

**Medical Record** 

101501 Case	1:04-cy-00011-SJM-SPB Document 46-6 Filed 02/15/2006 Page 40 of 40 F00D HANDLE PHYSICAL
1100	S: Changes in physical health:
	0: Cough? O Fever? O Night Sweats
	Skin rash/lesion? Hands?
	Temp: 96.10F B/P: 122/74 Pulse: 70 Page: 10 Wart 167.4
<del></del>	Throat: Wm1? (48) other:
	Respiratory: LSC wn1?(42) other:
	Cardiac: S <sub>1</sub> S <sub>2</sub> wn1? (928) other:
	PPD date: 201 positive/negative)
<del>-</del>	CXR date: N/A positive/negative
<del></del>	Other:(tattoos, evidence of IVDA)
	A: EHM? other:
	P: 1) OK for Food Service? (yes no
<del></del>	2) If not OK, schedule for MD evaluation (reason):
<del></del>	3) Pt. Educations board, and
	hygiere undustaiting
	MO Finish
<del></del>	Reviewed by D. Olson, MD Sandra I Rimor, AN
	Date:
· · · · · · · · · · · · · · · · · · ·	
•	
ATIENT'S IDENTIFIC	ATION (Use this space for Mechanical RECORDS COLLANDS
	PATIENT'S inme (Last, First, Middle initial)  FCI McRean  FCI McRean  SEX
	RELATIONSHIP TO SPONSOR PANKIGRADE
	SPONSOR'S I SME SP ANIZATION
	DEPART./SE ICE SSN/IDENTIFICATION NO. DATE OF BIRTH
	CHRONOLC. SAL RECORD OF MEDICAL SARE STANC: 3 FORM 600 (PEV. 5-84)

STAND: 2 FORM 600 (PEV. 5-84 Presinder Aland ICMR FRAME: 1 111 45 525